

House File 467 - Introduced

HOUSE FILE 467
BY COMMITTEE ON HUMAN
RESOURCES

(SUCCESSOR TO HSB 90)

A BILL FOR

1 An Act relating to programs and activities under the purview of
2 the department of public health.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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DIVISION I

IOWA HEALTH WORKFORCE CENTER

Section 1. Section 135.11, subsection 27, Code 2011, is amended by striking the subsection.

Sec. 2. NEW SECTION. 135.179 Iowa health workforce center — established — duties.

1. An Iowa health workforce center is established within the division of health promotion and chronic disease prevention of the department.

2. The center shall do all of the following:

a. Coordinate public and private efforts to develop and maintain an appropriate health care delivery infrastructure and a stable, well-qualified, diverse, and sustainable health care workforce in this state.

b. Develop a biennial strategic plan for health care delivery infrastructure and health care workforce resources in this state.

c. Provide for the continuous collection of data to provide a basis for health care strategic planning and health care policymaking.

d. Make recommendations regarding the health care delivery infrastructure and the health care workforce that assist in monitoring current needs, predicting future trends, and informing policymaking.

e. Leverage federal, state, and local resources to support programs under the purview of the center.

DIVISION II

TOBACCO ENFORCEMENT

Sec. 3. Section 142A.1, subsection 2, Code 2011, is amended to read as follows:

2. It is the intent of the general assembly that the comprehensive tobacco use prevention and control initiative established in this chapter will specifically address reduction of tobacco use by youth and pregnant women, ~~promotion of compliance by minors and retailers with tobacco sales laws~~

1 ~~and ordinances,~~ and enhancement of the capacity of youth to
2 make healthy choices. The initiative shall allow extensive
3 involvement of youth in attaining these results.

4 Sec. 4. Section 142A.2, subsection 10, Code 2011, is amended
5 by striking the subsection.

6 Sec. 5. Section 142A.3, subsection 3, paragraph a, Code
7 2011, is amended to read as follows:

8 a. Members, at least one of whom is a member of a racial
9 minority, to be appointed by the governor, subject to
10 confirmation by the senate pursuant to sections 2.32 and 69.19,
11 and consisting of the following:

12 (1) Three members who are active with nonprofit health
13 organizations that emphasize tobacco use prevention or who are
14 active as health services providers, at the local level.

15 ~~(2) One member who is a retailer.~~

16 ~~(3)~~ (2) Three members who are active with health promotion
17 activities at the local level in youth education, ~~law~~
18 ~~enforcement,~~ nonprofit services, or other activities relating
19 to tobacco use prevention and control.

20 Sec. 6. Section 142A.3, subsection 5, paragraph e, Code
21 2011, is amended by striking the paragraph.

22 Sec. 7. Section 142A.4, subsections 14 and 17, Code 2011,
23 are amended by striking the subsections.

24 Sec. 8. Section 142A.5, subsection 1, paragraph e, Code
25 2011, is amended by striking the paragraph.

26 Sec. 9. Section 142A.5, subsection 2, paragraph f, Code
27 2011, is amended by striking the paragraph.

28 Sec. 10. Section 142A.6, subsection 2, paragraph e, Code
29 2011, is amended by striking the paragraph.

30 Sec. 11. Section 142A.6, subsection 3, paragraph c, Code
31 2011, is amended by striking the paragraph.

32 Sec. 12. Section 142A.7, subsection 1, paragraph f, Code
33 2011, is amended by striking the paragraph.

34 Sec. 13. Section 142A.8, subsection 4, paragraph d, Code
35 2011, is amended by striking the paragraph.

1 Sec. 14. Section 142A.9, subsection 3, Code 2011, is amended
2 to read as follows:

3 3. To the greatest extent possible, the youth program shall
4 be directed by youth for youth participants. State and local
5 administrators associated with the initiative shall consult
6 with and utilize the youth program participants in the media,
7 marketing, and communications program; education efforts; and
8 other aspects of the initiative including evaluation, and
9 collaboration, ~~and enforcement.~~

10 Sec. 15. Section 453A.2, subsections 4, 6, and 7, Code 2011,
11 are amended to read as follows:

12 4. The ~~Iowa~~ alcoholic beverages division of the department
13 of ~~public health commerce~~, a county health department, a city
14 health department, or a city may directly enforce this section
15 in district court and initiate proceedings pursuant to section
16 453A.22 before a permit-issuing authority which issued the
17 permit against a permit holder violating this section.

18 6. If a county ~~health department~~, a city ~~health department~~,
19 or a city has not assessed a penalty pursuant to section
20 453A.22, subsection 2, for a violation of subsection 1, within
21 sixty days of the adjudication of the violation, the matter
22 shall be transferred to and be the exclusive responsibility
23 of the ~~Iowa~~ alcoholic beverages division of the department of
24 ~~public health commerce~~. Following transfer of the matter,
25 if the violation is contested, the ~~Iowa~~ alcoholic beverages
26 division of the department of ~~public health commerce~~ shall
27 request an administrative hearing before an administrative law
28 judge, assigned by the division of administrative hearings of
29 the department of inspections and appeals in accordance with
30 the provisions of section 10A.801, to adjudicate the matter
31 pursuant to chapter 17A.

32 7. A tobacco compliance employee training fund is created in
33 the office of the treasurer of state. The fund shall consist
34 of civil penalties assessed by the ~~Iowa~~ alcoholic beverages
35 division of the department of ~~public health commerce~~ under

1 section 453A.22 for violations of this section. Moneys in
2 the fund are appropriated to the alcoholic beverages division
3 of the department of commerce and shall be used to develop
4 and administer the tobacco compliance employee training
5 program under section 453A.5. Moneys deposited in the fund
6 shall not be transferred, used, obligated, appropriated, or
7 otherwise encumbered except as provided in this subsection.
8 Notwithstanding section 8.33, any unexpended balance in the
9 fund at the end of the fiscal year shall be retained in the
10 fund.

11 Sec. 16. Section 453A.13, subsection 2, paragraph c, Code
12 2011, is amended to read as follows:

13 c. The department, or a city or county, shall submit a
14 duplicate of any application for a retail permit and any retail
15 permit issued by the entity under this subsection to the ~~Iowa~~
16 alcoholic beverages division of the department of public health
17 commerce within thirty days of the issuance. The alcoholic
18 beverages division of the department of commerce shall submit
19 the current list of all retail permits issued to the Iowa
20 department of public health by the first day of each quarter
21 of a state fiscal year.

22 Sec. 17. Section 453A.22, subsection 2, unnumbered
23 paragraph 1, Code 2011, is amended to read as follows:

24 If a retailer or employee of a retailer has violated section
25 453A.2 or section 453A.36, subsection 6, the department or
26 local authority, or the ~~Iowa~~ alcoholic beverages division of
27 the department of public health commerce following transfer
28 of the matter to the ~~Iowa~~ alcoholic beverages division of
29 the department of public health commerce pursuant to section
30 453A.2, subsection 6, in addition to the other penalties fixed
31 for such violations in this section, shall assess a penalty
32 upon the same hearing and notice as prescribed in subsection
33 1 as follows:

34 Sec. 18. Section 453A.22, subsection 7, Code 2011, is
35 amended to read as follows:

1 7. The department or local authority shall report the
2 suspension or revocation of a retail permit under this section
3 to the ~~Iowa~~ alcoholic beverages division of the department of
4 ~~public health~~ commerce within thirty days of the suspension or
5 revocation of the retail permit.

6 Sec. 19. Section 453A.47A, subsection 6, Code 2011, is
7 amended to read as follows:

8 6. *Issuance.* Cities shall issue retail permits to retailers
9 within their respective limits. County boards of supervisors
10 shall issue retail permits to retailers in their respective
11 counties, outside of the corporate limits of cities. The city
12 or county shall submit a duplicate of any application for a
13 retail permit and any retail permit issued by the entity under
14 this section to the ~~Iowa~~ alcoholic beverages division of the
15 department of public health commerce within thirty days of
16 issuance. The alcoholic beverages division of the department
17 of commerce shall submit the current list of all retail permits
18 issued to the Iowa department of public health by the first day
19 of each quarter of a state fiscal year.

20 DIVISION III

21 COMMUNICABLE AND INFECTIOUS DISEASES AND POISONINGS

22 Sec. 20. Section 139A.2, subsections 5 and 8, Code 2011, are
23 amended to read as follows:

24 5. "*Contagious or infectious disease*" means hepatitis in any
25 form, meningococcal disease, AIDS or HIV as defined in section
26 141A.1, tuberculosis, and any other disease, ~~with the exception~~
27 ~~of AIDS or HIV infection as defined in section 141A.1,~~
28 determined to be life-threatening to a person exposed to the
29 disease as established by rules adopted by the department,
30 based upon a determination by the state epidemiologist and in
31 accordance with guidelines of the centers for disease control
32 and prevention of the United States department of health and
33 human services.

34 8. "*Exposure*" means ~~the risk of contracting disease as~~
35 ~~determined by the centers for disease control and prevention~~

1 ~~of the United States department of health and human services~~
2 ~~and adopted by rule of the department~~ a specific eye, mouth,
3 other mucous membrane, nonintact skin, or parenteral contact
4 with blood or other potentially infectious bodily fluids.

5 Sec. 21. Section 139A.2, Code 2011, is amended by adding the
6 following new subsection:

7 NEW SUBSECTION. 23A. "*Significant exposure*" means a
8 situation in which there is a risk of contracting disease
9 through exposure to a person's infectious bodily fluids
10 in a manner capable of transmitting an infectious agent as
11 determined by the centers for disease control and prevention of
12 the United States department of health and human services and
13 adopted by rule of the department.

14 Sec. 22. Section 139A.19, Code 2011, is amended to read as
15 follows:

16 **139A.19 Care provider notification.**

17 1. a. Notwithstanding any provision of this chapter to the
18 contrary, if a care provider sustains ~~an~~ a significant exposure
19 from an individual while rendering health care services or
20 other services, the individual to whom the care provider was
21 exposed is deemed to consent to a test to determine if the
22 individual has a contagious or infectious disease and is deemed
23 to consent to notification of the care provider of the results
24 of the test, upon submission of ~~an~~ a significant exposure
25 report by the care provider to the hospital, clinic, other
26 health facility, or other person specified in this section
27 to whom the individual is delivered by the care provider
28 as determined by rule. ~~The exposure report form may be~~
29 ~~incorporated into the Iowa prehospital care report, the Iowa~~
30 ~~prehospital advanced care report, or a similar report used~~
31 ~~by an ambulance, rescue, or first response service or law~~
32 ~~enforcement agency.~~

33 b. The hospital, clinic, or other health facility in which
34 the significant exposure occurred or other person specified in
35 this section to whom the individual is delivered shall conduct

1 the test. If the individual is delivered by the care provider
2 to an institution administered by the Iowa department of
3 corrections, the test shall be conducted by the staff physician
4 of the institution. If the individual is delivered by the
5 care provider to a jail, the test shall be conducted by the
6 attending physician of the jail or the county medical examiner.
7 The sample and test results shall only be identified by a
8 number ~~and shall not otherwise identify the individual tested.~~

9 c. A hospital, clinic, or other health facility,
10 institutions administered by the department of corrections,
11 and jails shall have written policies and procedures for
12 notification of a care provider under this section. The
13 policies and procedures shall include designation of a
14 representative of the care provider to whom notification shall
15 be provided and who shall, in turn, notify the care provider.
16 The identity of the designated representative of the care
17 provider shall not be revealed to the individual tested.
18 The designated representative shall inform the hospital,
19 clinic, or other health facility, institution administered
20 by the department of corrections, or jail of those parties
21 who received the notification, and following receipt of
22 this information and upon request of the individual tested,
23 the hospital, clinic, or other health facility, institution
24 administered by the department of corrections, or jail shall
25 inform the individual of the parties to whom notification was
26 provided.

27 d. Notwithstanding any other provision of law to the
28 contrary, a care provider may transmit cautions regarding
29 contagious or infectious disease information, with the
30 exception of AIDS or HIV pursuant to section 80.9B, in the
31 course of the care provider's duties over the police radio
32 broadcasting system under chapter 693 or any other radio-based
33 communications system if the information transmitted does not
34 personally identify an individual.

35 2. a. If the test results are positive, the hospital,

1 clinic, other health facility, or other person performing the
2 test shall notify the subject of the test and make any required
3 reports to the department pursuant to sections 139A.3 and
4 141A.6. The report to the department shall include the name of
5 the individual tested.

6 b. If the individual tested is diagnosed or confirmed
7 as having a contagious or infectious disease, the hospital,
8 clinic, other health facility, or other person conducting
9 the test shall notify the care provider or the designated
10 representative of the care provider who shall then notify the
11 care provider.

12 ~~3. The notification to the care provider shall advise the~~
13 ~~care provider of possible exposure to a particular contagious~~
14 ~~or infectious disease and recommend that the care provider seek~~
15 ~~medical attention.~~

16 c. The notification to the care provider shall be provided
17 as soon as is reasonably possible following determination
18 that the ~~individual~~ subject of the test has a contagious or
19 infectious disease. The notification shall not include the
20 name of the individual tested for the contagious or infectious
21 disease unless the individual consents. If the care provider
22 who sustained ~~an~~ a significant exposure determines the identity
23 of the individual diagnosed or confirmed as having a contagious
24 or infectious disease, the identity of the individual shall be
25 confidential information and shall not be disclosed by the care
26 provider to any other person unless a specific written release
27 is obtained from the individual diagnosed with or confirmed as
28 having a contagious or infectious disease.

29 ~~4. This section does not require or permit, unless otherwise~~
30 ~~provided, a hospital, health care provider, or other person to~~
31 ~~administer a test for the express purpose of determining the~~
32 ~~presence of a contagious or infectious disease, except that~~
33 ~~testing may be performed if the individual consents and if the~~
34 ~~requirements of this section are satisfied.~~

35 5. 3. This section does not preclude a hospital, clinic,

1 other health facility, or a health care provider from providing
2 notification to a care provider under circumstances in
3 which the hospital's, clinic's, other health facility's, or
4 health care provider's policy provides for notification of
5 the hospital's, clinics, other health facility's, or health
6 care provider's own employees of exposure to a contagious or
7 infectious disease that is not life-threatening if the notice
8 does not reveal a patient's name, unless the patient consents.

9 ~~6.~~ 4. A hospital, clinic, other health facility, or health
10 care provider, or other person participating in good faith in
11 complying with provisions authorized or required under this
12 section is immune from any liability, civil or criminal, which
13 might otherwise be incurred or imposed.

14 ~~7.~~ 5. A hospital's, clinic's, other health facility's, or
15 health care provider's duty of notification to notify under
16 this section is not continuing but is limited to a diagnosis
17 of a contagious or infectious disease made in the course of
18 admission, care, and treatment following the rendering of
19 health care services or other services to ~~which notification~~
20 ~~under this section applies~~ the individual who was the source of
21 the significant exposure.

22 6. Notwithstanding subsection 5, the hospital, clinic, or
23 other health facility may provide a procedure for notifying
24 the exposed care provider if, following discharge from or
25 completion of care or treatment by the hospital, clinic, or
26 other health facility, the individual who was the source of
27 the significant exposure, and for whom a significant exposure
28 report was submitted that did not result in notification of the
29 exposed care provider, wishes to provide information regarding
30 the source individual's contagious or infectious disease status
31 to the exposed care provider.

32 ~~8.~~ 7. A hospital, clinic, other health facility, health
33 care provider, or other person who is authorized to perform a
34 test under this section who performs the test in compliance
35 with this section or who fails to perform the test authorized

1 under this section, is immune from any liability, civil or
2 criminal, which might otherwise be incurred or imposed.

3 ~~9.~~ 8. A hospital, clinic, other health facility, health
4 care provider, or other person who is authorized to perform
5 a test under this section has no duty to perform the test
6 authorized.

7 ~~10.~~ 9. The department shall adopt rules pursuant to chapter
8 17A to administer this section. The department may determine
9 by rule the contagious or infectious diseases for which testing
10 is reasonable and appropriate and which may be administered
11 under this section.

12 ~~11.~~ 10. The employer of a care provider who sustained
13 an a significant exposure under this section shall pay the
14 costs of testing for the individual who is the source of the
15 significant exposure and of the testing of the care provider,
16 if the significant exposure was sustained during the course
17 of employment. However, the department shall ~~pay the costs~~
18 ~~of testing for the~~ assist an individual who is the source
19 of the significant exposure ~~and~~ in finding resources to pay
20 for the costs of the testing ~~of the~~ and shall assist a care
21 provider who renders direct aid without compensation in finding
22 resources to pay for the cost of the test.

23 Sec. 23. Section 139A.33, Code 2011, is amended to read as
24 follows:

25 **139A.33 Determination of source — partner notification**
26 **program.**

27 ~~The local board or the department shall use every available~~
28 ~~means to determine the source and spread of any infectious case~~
29 ~~of sexually transmitted disease or infection which is reported.~~

30 1. The department shall maintain a partner notification
31 program for persons known to have tested positive for a
32 reportable sexually transmitted disease or infection.

33 2. In administering the program, the department shall
34 provide for all of the following:

35 a. A person who voluntarily participates in the program

1 shall receive post-test counseling during which time the person
2 shall be encouraged to refer for counseling and testing any
3 person with whom the person has had sexual relations or has
4 shared drug injecting equipment.

5 b. The physician or other health care provider attending the
6 person may provide to the department any relevant information
7 provided by the person regarding any person with whom the
8 tested person has had sexual relations or has shared drug
9 injecting equipment.

10 3. The department may delegate its partner notification
11 duties under this section to local health authorities or a
12 physician or other health care provider, as provided by rules
13 adopted by the department.

14 4. In making contact with sexual or drug equipment-sharing
15 partners, the department or its designee shall not disclose the
16 identity of the person who provided the names of the persons
17 to be contacted and shall protect the confidentiality of the
18 persons contacted.

19 5. a. This section shall not be interpreted as creating
20 a duty to warn third parties of the danger of exposure to a
21 sexually transmitted disease or infection through contact with
22 a person who tests positive for a sexually transmitted disease.

23 b. This section shall not be interpreted to require the
24 department to provide partner notification services to all
25 persons who have tested positive for a sexually transmitted
26 disease or infection.

27 DIVISION IV

28 AIDS UPDATE

29 Sec. 24. Section 141A.1, subsections 2, 11, 13, 15, and 18,
30 Code 2011, are amended to read as follows:

31 2. "*AIDS-related conditions*" means any condition resulting
32 from ~~the~~ human immunodeficiency virus infection that meets the
33 definition of AIDS as established by the centers for disease
34 control and prevention of the United States department of
35 health and human services.

1 11. "*HIV-related condition*" means any condition resulting
2 from ~~the~~ human immunodeficiency virus infection.

3 13. "*Infectious bodily fluids*" means bodily fluids capable
4 of transmitting HIV ~~infection~~ as determined by the centers for
5 disease control and prevention of the United States department
6 of health and human services and adopted by rule of the
7 department.

8 15. "*Nonblinded epidemiological studies*" means studies
9 in which specimens are collected for the express purpose
10 of testing for ~~the~~ HIV infection and persons included in
11 the nonblinded study are selected according to established
12 criteria.

13 18. "*Significant exposure*" means ~~the~~ a situation in which
14 there is a risk of contracting HIV infection by means of
15 through exposure to a person's infectious bodily fluids in a
16 manner capable of transmitting HIV ~~infection~~ as determined by
17 the centers for disease control and prevention of the United
18 States department of health and human services and adopted by
19 rule of the department.

20 Sec. 25. Section 141A.1, Code 2011, is amended by adding the
21 following new subsection:

22 NEW SUBSECTION. 6A. "*Exposure*" means a specific eye, mouth,
23 other mucous membrane, nonintact skin, or parenteral contact
24 with blood or other potentially infectious bodily fluids.

25 Sec. 26. Section 141A.2, subsection 5, Code 2011, is amended
26 to read as follows:

27 5. The department shall coordinate efforts with local
28 health officers to investigate sources of HIV infection and use
29 every appropriate means to prevent the spread of ~~the infection~~
30 HIV.

31 Sec. 27. Section 141A.3, subsection 2, paragraph b, Code
32 2011, is amended to read as follows:

33 *b.* Provide health information to the public regarding HIV
34 ~~infection~~, including information about how ~~the infection~~ HIV
35 is transmitted and how transmittal can be prevented. The

1 department shall prepare and distribute information regarding
2 HIV ~~infection~~ transmission and prevention.

3 Sec. 28. Section 141A.4, subsection 1, Code 2011, is amended
4 to read as follows:

5 1. HIV testing and education shall be offered to persons who
6 are at risk for HIV infection including all of the following:

7 a. Males who have had sexual relations with other males.

8 b. All persons testing positive for a sexually transmitted
9 disease.

10 ~~b.~~ c. All persons having a history of injecting drug abuse.

11 ~~c.~~ d. Male and female sex workers and those who trade sex
12 for drugs, money, or favors.

13 ~~d.~~ e. Sexual partners of HIV-infected persons.

14 ~~e.~~ f. Persons whose sexual partners are identified in
15 paragraphs "a" through "~~d~~" "e".

16 Sec. 29. Section 141A.5, subsection 2, paragraph c,
17 subparagraph (1), subparagraph division (a), Code 2011, is
18 amended to read as follows:

19 (a) A physician for the infected person is of the good
20 faith opinion that the nature of the continuing contact poses
21 an imminent danger of HIV ~~infection~~ transmission to the third
22 party.

23 Sec. 30. Section 141A.6, subsection 1, Code 2011, is amended
24 to read as follows:

25 1. Prior to undergoing an a voluntary HIV-related test,
26 information shall be available to the subject of the test
27 concerning testing and any means of obtaining additional
28 information regarding HIV ~~infection~~ transmission and risk
29 reduction. If an individual signs a general consent form for
30 the performance of medical tests or procedures, the signing
31 of an additional consent form for the specific purpose of
32 consenting to an HIV-related test is not required during
33 the time in which the general consent form is in effect.
34 If an individual has not signed a general consent form
35 for the performance of medical tests and procedures or the

1 consent form is no longer in effect, a health care provider
2 shall obtain oral or written consent prior to performing an
3 HIV-related test. If an individual is unable to provide
4 consent, the individual's legal guardian may provide consent.
5 If the individual's legal guardian cannot be located or is
6 unavailable, a health care provider may authorize the test
7 when the test results are necessary for diagnostic purposes to
8 provide appropriate urgent medical care.

9 Sec. 31. Section 141A.9, subsection 2, paragraph i, Code
10 2011, is amended to read as follows:

11 *i.* Pursuant to ~~section~~ sections 915.42 and 915.43, to a
12 convicted or alleged sexual assault offender; the physician or
13 other health care provider who orders the test of a convicted
14 or alleged offender; the victim; the parent, guardian, or
15 custodian of the victim if the victim is a minor; the physician
16 of the victim if requested by the victim; the victim counselor
17 or person requested by the victim to provide counseling
18 regarding the HIV-related test and results; the victim's
19 spouse; persons with whom the victim has engaged in vaginal,
20 anal, or oral intercourse subsequent to the sexual assault;
21 members of the victim's family within the third degree of
22 consanguinity; and the county attorney who may use the results
23 as evidence in the prosecution of sexual assault under chapter
24 915, subchapter IV, or prosecution of the offense of criminal
25 transmission of HIV under chapter 709C. For the purposes of
26 this paragraph, "*victim*" means victim as defined in section
27 915.40.

28 Sec. 32. Section 141A.9, subsection 3, Code 2011, is amended
29 to read as follows:

30 3. Release may be made of medical or epidemiological
31 information for research or statistical purposes in a manner
32 such that no individual person can be identified.

33 Sec. 33. Section 141A.9, Code 2011, is amended by adding the
34 following new subsection:

35 NEW SUBSECTION. 8. Medical information secured pursuant

1 to subsection 1 may be shared with other state or federal
2 agencies, with employees or agents of the department, or
3 with local units of government, who have a need for the
4 information in the performance of their duties related to HIV
5 prevention, disease surveillance, or care of persons with HIV,
6 only as necessary to administer the program for which the
7 information is collected or to administer a program within the
8 other agency. Confidential information transferred to other
9 entities under this subsection shall continue to maintain
10 its confidential status and shall not be rereleased by the
11 receiving entity.

12 Sec. 34. Section 141A.10, subsection 2, Code 2011, is
13 amended to read as follows:

14 2. A health care provider attending a person who tests
15 positive for the HIV infection has no duty to disclose to
16 or to warn third parties of the dangers of exposure to HIV
17 infection through contact with that person and is immune from
18 any liability, civil or criminal, for failure to disclose to or
19 warn third parties of the condition of that person.

20 Sec. 35. REPEAL. Section 141A.8, Code 2011, is repealed.

21 DIVISION V

22 MISCELLANEOUS PROVISIONS

23 Sec. 36. Section 135.11, subsection 13, Code 2011, is
24 amended to read as follows:

25 13. Administer ~~the statewide public health nursing,~~
26 ~~homemaker-home health aide, and senior health programs~~ healthy
27 aging and essential public health services by approving grants
28 of state funds to the local boards of health ~~and the county~~
29 ~~boards of supervisors~~ for the purposes of promoting healthy
30 aging throughout the lifespan and enhancing health promotion
31 and disease prevention services, and by providing guidelines
32 for the approval of the grants and allocation of the state
33 funds. ~~Program direction~~ Guidelines, evaluation requirements,
34 and formula allocation procedures for ~~each of the programs~~
35 services shall be established by the department by rule.

1 of a care provider after the individual who was the source of
2 a significant exposure is released from a hospital or other
3 health facility if the test did not result in notification
4 of the care provider, but the individual wishes to provide
5 information to the care provider regarding the individual's
6 contagious or infectious disease status; amends a provision
7 that required DPH to pay the cost of testing of the individual
8 who is the source of a significant exposure and of a care
9 provider who renders direct aid without compensation and
10 instead requires DPH to assist these individuals in finding
11 resources to pay for the testing; and establishes a partner
12 notification program for those persons known to have tested
13 positive for a reportable sexually transmitted disease or
14 infection.

15 Division IV relates to acquired immunodeficiency syndrome
16 provisions. The division amends definitions of exposure and
17 significant exposure; adds men who have sexual relations with
18 other men to the list of persons who are at risk for HIV and
19 to whom HIV testing and education are to be offered; clarifies
20 that the consent, testing, and reporting requirements are
21 applicable to HIV-related testing that is voluntary; eliminates
22 the care provider notification program since this program is
23 combined with the care provider program for communicable and
24 infectious diseases under Code chapter 139A in division III
25 of the bill; includes a reference to the section relating to
26 the right to HIV testing of a convicted or alleged assailant
27 in the context of confidentiality of information; allows for
28 the release of medical or epidemiological information for
29 the purpose of research as well as statistical purposes; and
30 provides for the sharing of medical information obtained,
31 submitted, or maintained under the chapter with other state
32 or federal agencies or local units of government only as
33 necessary to administer the program for which the information
34 is collected or a program within the other entity, but such
35 information is to maintain its confidential status not be

1 released.

2 Division V includes miscellaneous provisions. One provision
3 relates to healthy aging and updates language to eliminate
4 discontinued programs. The language also eliminates county
5 boards of supervisors as potential recipients of grants to
6 promote healthy aging and limits grants to local boards of
7 health. The bill amends a provision in the Iowa public health
8 modernization Act to clarify that the public health evaluation
9 committee is to develop and implement the evaluation of the
10 governmental public health system, not develop and implement
11 the system itself. The division also eliminates the clinicians
12 advisory panel. Clinical input is being provided directly by
13 physicians participating in the entities the advisory panel
14 was to advise, the medical home advisory council, and the
15 prevention and chronic care management initiative.